

TRAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Melissa Decker				Washington DC Office	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Director					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
		CITY	STATE		ZIP

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
11-Mar		Washington, DC									8.00	0.00	8.00	
											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
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											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$8.00	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)
travel to and from meetings for the month of March

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CL		DATE	4/2/09	SIGNATURE		DATE	4/2/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES						DATE	4/2/09